Data Library Methodology

a. **Eligible Population**
   i. **Geographic selection criteria:** Statewide
   ii. **Other selection criteria:**
      1. **Diagnosis**
         Beneficiaries with a primary or secondary diagnosis code for HIV/AIDS equal to 042 or V08 that was identified in the Inpatient and Outpatient tables

      2. **Aid Codes**
         Only beneficiaries in the following 21 aid codes were selected

Table 1: Aid Codes used for selection criteria

Aid Code	Aid Code Description
10	Aged-SSI/SSP-Cash
14	Aged-Medically Needy
16	Aged-Pickle Eligibility
17	Aged-Medically Needy-SOC
1E	Craig v Bonta – Aged
1H	Federal Poverty Level – Aged
20	Blind-SSI/SSP-Cash
24	Blind-Medically Needy
26	Blind-Pickle Eligibility
27	Blind-Medically Needy-SOC
2E	Craig v Bonta, Cont. Elig. for the Blind
36	Disabled-COBRA-Widow/ers
60	Disabled-SSI/SSP-Cash
64	Disabled-Medically Needy
66	Disabled-Pickle Eligibility
67	Disabled-Medically Needy-SOC
6E	Craig v Bonta- Cont. Elig. For the Disabled
6G	250% Working Disabled
6H	250% Working Disabled-Undocs
6N	No Longer Disabled Bene in Appeal (not 6R)
8G	Severely Impaired Working Individual

      3. **Age**
         Beneficiaries age 22 and older as of the most recent month of eligibility were included

4. **Medicare status**
   Beneficiaries who were not eligible for Medicare during 2005 were included

5. **Plan Model Type**
   Only beneficiaries enrolled in fee-for-service were included

6. **Ethnicity**
   All ethnicities were included in the analysis

7. **Waiver Status**
   All waiver participants with an enrollment end date of January 1, 2005 or later were identified. These individuals on the AIDS waiver program were excluded from the eligibility list. AIDS waiver data were acquired from EDS with enrollment data for January 2005 through December 2005 as well as January 2006 through March 2006.

8. **Vendor Code Exclusions**
   - Adult Day Health Care Centers = 01
   - AIDS Waiver Services = 73
   - Asst. Living Waiver Pilot Project (ALWPP) = 84
   - Certified Hospice Service = 06
   - Comm. Hemodialysis Center = 78
   - CCS/GHPP = 3
   - CHDP Provider = 94
   - Comm. Hospital – Renal Dialysis = 68
   - County Hospital – Hemodialysis = 58
   - DDS Targeted Case Management = 93
   - DDS Waiver Services = 76
   - EPSDT Suppl Services = 82
   - Home/Comm. Based Services Waivers = 71
   - Intermediate Care Facility = 47
   - Local Education Agency = 55
   - Medi-Cal Targeted Case Management = 92
   - Multipurpose Senior Svc Pgm (MSSP) Waiver Svs = 81
   - Nursing Facility (SNF) = 80
   - Pediatric Subacute Rehab/Weaning = 83
   - Personal Care Services, DSS = 89
   - State Hospital – Dev Disabled = 56
   - State Hospital – Mentally Disabled = 57

9. **Service Type Exclusions**
   - Chemotherapy = 111
   - Dialysis Treatment = 117
   - Hospice = 141
   - Nursing Facility Bed Hold Days = 72
   - Nursing Facility Leave Days = 71
   - Radiotherapy/Radiation Therapy = 112
   - Room & Board Nursing Facility = 66
   - Room & Board Oncology = 67

- Transplant Surgery = 10
- Well Baby Care = 134

b. Claim Extract

The DM vendor eventually will be responsible for management of the entire patient and not just those costs associated with a specific disease management condition. Consequently, all inpatient, outpatient and pharmacy claims for beneficiaries meeting the above criteria were extracted.

c. Vendor Code and Service Type Exclusions:

Beneficiaries will be excluded if at least one claim during CY 2005 has one of the excluded vendor codes or service types attached to the claim.

d. Time Period

The analysis includes beneficiaries meeting the above criteria with claim service dates between January 1, 2005 and December 31, 2005, inclusive.

e. Measures

a. Demographics

i. Counts and percentages of HIV/AIDS population by gender, ethnicity, and age

1. The ethnicity of beneficiaries was grouped into the following categories: White, Hispanic, Black, Asian or Pacific Islander, and Other (with Filipino and Native-American included in 'Other')

2. The age of beneficiaries was grouped into the following categories: 22-35 years, 36-50 years, 51-65 years, and 65 + years.

f. Total Claim Payments

i. The number of unique patients with claims payments for inpatient, outpatient and pharmacy claims was calculated.

ii. The mean payments and standard deviation of payments were calculated for inpatient, outpatient and pharmacy claims

a. The mean was calculated in a two-step process. First, the mean payment per claim per beneficiary was calculated. Second, the means for all beneficiaries were averaged to determine the final mean calculation. The standard deviation was calculated based upon this mean calculation. (Results of these calculations are presented in Table 3.)

iii. Total claim payments of HIV/AIDS patients were calculated by service type

g. Provider Data

i. The specialty of providers who had a paid claim for any HIV/AIDS patient was counted.

ii. The vendor code of providers by vendor type who had a paid claim for any HIV/AIDS patient was counted.

Calculation of Mean and Standard Deviation for Net Payments

The mean was calculated in a two step process. First, the mean payment per claim per beneficiary was calculated. Second, the means for all beneficiaries were averaged to determine the final mean calculation. The standard deviation was calculated based upon this mean calculation. Results of these calculations are represented in Table 3.